

PLEASE PRINT USE INK OR TYPEWRITER ANSWER ALL QUESTIONS				COUNTY OF INYO APPLICATION FOR EMPLOYMENT		RETURN TO: Personnel Department P. O. Box 249 Independence, CA 93526	
NAME: (LAST, FIRST, MIDDLE INITIAL)				POSITION APPLIED FOR:			
MAILING ADDRESS: (STREET) (CITY) (STATE) (ZIP) CODE)						DATE:	
DO YOU HAVE A DRIVER'S LICENSE NOW? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, WHAT KIND: <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D		SOCIAL SECURITY NUMBER:		TELEPHONE:			
Have you ever been convicted by a court for any offense? Do not include convictions before your 18th Birthday. Conviction is not an automatic bar to employment. Each case is considered on its individual circumstances. Explain:							
Have you previously been employed by the County? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you in the U.S. Armed Forces? <input type="checkbox"/> No <input type="checkbox"/> Yes BRANCH _____ from _____ to _____							
EDUCATION: Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 GED College or University 1 2 3 4 5							
HIGH SCHOOL OR GED		COURSE			GRADUATED <input type="checkbox"/> Yes <input type="checkbox"/> No		
JUNIOR COLLEGE/COLLEGE		MAJOR UNITS		DATE GRAD.		DEGREE	
UNIVERSITY/GRADUATE SCHOOL		MAJOR UNITS		DATE GRAD.		DEGREE	
PROFESSIONAL LICENSES OR REGISTRATIONS HELD							
COMPUTER KNOWLEDGE:							
TYPEWRITING SPEED:		SHORTHAND SPEED:		OTHER MACHINES OPERATED:			
DO YOU SPEAK ANY LANGUAGE OTHER THAN ENGLISH? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, WHICH ONE?					
WILL YOU ACCEPT TEMPORARY WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		WILL YOU ACCEPT PART-TIME WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No					
LIST APPRENTICESHIP, TRADE, VOCATIONAL, BUSINESS SCHOOL, MANPOWER TRAINING OR ANY OTHER SPECIAL TRAINING YOU HAVE HAD. INCLUDE TYPE, WHERE ACQUIRED, DATES AND WHETHER COMPLETED SUCCESSFULLY.,							
LIST ANY VOLUNTEER SERVICES WHICH MAY BE RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING. (LIST IN DETAIL – USE ADDITIONAL PAGES IF NECESSARY.							
CERTIFICATE OF APPLICANT (<i>Read Carefully Before Signing</i>) <i>I hereby certify that all statements made in this application are true, and I agree and understand that any misstatement of material facts herein will cause forfeiture on my part of any employment as an employee in the service of the County of Inyo. I further give permission to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and authorize disclosure of any and all information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Inyo County, my former employers, and all other persons from any and all claims, demands, or liabilities arising out of or in any way related to such disclosure. I further agree to be fingerprinted, to submit to a complete medical examination by a County physician, upon employment, to furnish such proof of age and citizenship as may be directed.</i> Signature _____							
DO NOT WRITE IN THIS BLOCK – SKIP TO AFFIRMATIVE ACTION SECTION AND THEN COMPLETE EMPLOYMENT RECORD ON REVERSE							
EXAMINATION				QUALIFICATIONS			
WRITTEN				DISQUALIFIED:			
ORAL				_____ EDUCATION		_____ EXAMINATION	
Typing		Shorthand		_____ OTHER		_____ EXPERIENCE	
Speed		Speed					
COMMENTS:							
AN EQUAL OPPORTUNITY-AFFIRMATIVE ACTION EMPLOYER - Please help us comply with the state and Federal law by completing this section. While you are not required to complete this section, you should know that if you leave it blank we have the right to enter data for this purpose based upon our visual assessment. To demonstrate that we meet equal employment opportunity requirements, periodically we must report statistical information about applicants and employees to the California and United States Governments. This information will be kept separate and confidential and will not be used in any unlawful way to make any employment decision. The County of Inyo is an Affirmative Action Employer. DATE: _____ TITLE OF POSITION APPLIED FOR _____ Date of Birth _____/_____/_____ Please answer below based upon how you are known in your community. We understand that it may be difficult to choose single ethnic identity if you have a multicultural heritage. Nevertheless to comply with legal guidelines, we would like you to choose only one. Check Appropriate Box <input type="checkbox"/> Male <input type="checkbox"/> Female 8 <input type="checkbox"/> WHITE (not of Hispanic Origin): All persons not classified into one of five specific ethnic minority categories that follow. 2 <input type="checkbox"/> BLACK (not of Hispanic origin): All persons having origin in any of the black racial groups. 7 <input type="checkbox"/> HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or another Spanish culture or origin, regardless of race. 1 <input type="checkbox"/> ASIAN or Pacific Islanders other than Filipinos All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands. For example, includes China, Japan, Korea, Samoa, the Indian Subcontinent and the Middle East. 3 <input type="checkbox"/> FILIPINO All persons having origins in the peoples of the Philippine Islands. 5 <input type="checkbox"/> AMERICAN INDIAN or Alaskan Native. All persons having origins in any of the original peoples of North America.							

HOW LONG HAVE YOU LIVED CONTINUOUSLY IN Inyo County _____ California _____	LIST ANY RELATIVES EMPLOYED BY THE COUNTY: _____ _____ _____
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EMPLOYMENT RECORD (Beginning with your present or most recent, show a complete record of your last ten (10) years of employment)

FROM (Mo - Yr)	TO (Mo - Yr)	JOB TITLE OR OCCUPATION	HIGHEST SALARY EARNED Hr Day Wk Mo Yr.	
EMPLOYER'S NAME AND ADDRESS			REASON FOR LEAVING	
DESCRIPTION OF DUTIES:				
YOUR SUPERVISOR'S NAME <input type="checkbox"/>				PART-TIME <input type="checkbox"/> FULL-TIME

FROM (Mo - Yr)	TO (Mo - Yr)	JOB TITLE OR OCCUPATION	HIGHEST SALARY EARNED Hr Day Wk Mo Yr.	
EMPLOYER'S NAME AND ADDRESS			REASON FOR LEAVING	
DESCRIPTION OF DUTIES:				
YOUR SUPERVISOR'S NAME <input type="checkbox"/>				PART-TIME <input type="checkbox"/> FULL-TIME

FROM (Mo - Yr)	TO (Mo - Yr)	JOB TITLE OR OCCUPATION	HIGHEST SALARY EARNED Hr Day Wk Mo Yr.	
EMPLOYER'S NAME AND ADDRESS			REASON FOR LEAVING	
DESCRIPTION OF DUTIES:				
YOUR SUPERVISOR'S NAME <input type="checkbox"/>				PART-TIME <input type="checkbox"/> FULL-TIME

FROM (Mo - Yr)	TO (Mo - Yr)	JOB TITLE OR OCCUPATION	HIGHEST SALARY EARNED Hr Day Wk Mo Yr.	
EMPLOYER'S NAME AND ADDRESS			REASON FOR LEAVING	
DESCRIPTION OF DUTIES:				
YOUR SUPERVISOR'S NAME <input type="checkbox"/>				PART-TIME <input type="checkbox"/> FULL-TIME

DO NOT WRITE BELOW THIS LINE - USE ADDITIONAL SHEETS EITHER TO CONTINUE YOUR EMPLOYMENT HISTORY OR TO DESCRIBE IN GREATER DETAIL ANY ASPECTS OF YOUR EXPERIENCE OR ACTIVITIES THAT ARE PARTICULARLY APPROPRIATE FOR THE POSITION FOR WHICH YOU ARE APPLYING.